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The Effect of an Assertiveness Training Program on Schizophrenic Patients

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ABSTRACT

Chronic schizophrenic patients tend to be excessively compliant, submissive, and socially inhibited. Moreover, deficits in assertiveness skills are important components of social dysfunction in schizophrenia. **Aim of the study:** Aim of this study was to assess the effect of an assertiveness training program on assertiveness skills and self esteem of schizophrenic patients. **Design:** A quasi experimental design was used in this study. **Setting** This study was conducted at the Psychiatric Mental Health Hospital in Benha City, Kaluobia Governorate. **Subjects:** A convenience sample of chronic schizophrenic patients, study subjects included 60 male patients were recruited for the study, divided into equally two groups (control and study groups). The study group only was received the assertiveness training program. **Tools for data collection:** The study tools divided into three tools. Tool (1): Structured Interview Questionnaire to assess socio-demographic and clinical characteristics, tool (II): Assertiveness Scale, and tool (III): Self Esteem Scale. **Results:** The results indicated that the mean scores of assertiveness skills of the study group was improvement at post program implementation (21.16±1.80) comparing to pre program (10.40±3.83), and the results indicated that the mean scores of self esteem of the study group was improvement at post program implementation (19.86± 5.28) comparing to pre program (36.96±5.23), and was found a highly statistically significant negative correlation between self esteem and assertiveness level of the studied sample. **Conclusion:** The assertiveness training program had positive effect on assertiveness skills and self esteem of the schizophrenic patients after receiving assertiveness training program. **Recommendation:** Based on the results of this study we recommended, continuous follow-up for schizophrenic patients participating in assertiveness training program to support and boost their learning skills. Further studies, using a larger probability sample and female patients for generalization of the results.

Key words: Schizophrenic patients; Assertiveness skills; Social dysfunction

INTRODUCTION

Schizophrenia is a group of disorders in which biological, psychological, and socio-cultural factors interact synergistically during all phases of the disorder to result in impairments in interpersonal, practical life skills, and vocational functioning **(Shean, 2013).** It is a severe mental disorder characterized by delusions, hallucinations, incoherence and physical agitation it is estimated that 1.1 percent of the world's population has schizophrenia **(Lieberman., 2012).** Schizophrenia is affecting about 7 per thousand of the adult population; the prevalence is high due to chronicity, which

affects about 65 million people worldwide **(World Health Organization (WHO), 2014).**

No single cause of schizophrenia has been identified, but a combination of genetic, environmental, neuro-anatomic and neuro-chemical factors which play a role in the development of schizophrenia **(Brown & Derkits, 2010; Gejman et al., 2010; & Van Os & Kapur, 2009).** Although it affects men and women with equal frequency, schizophrenia most often appears in men in their late teens early twenties, while it appears in women in their late twenties or early thirties **(National Alliance on Mental Illness (NAMI), 2014).**

Unfortunately, schizophrenia is the most common chronic psychosis in Egypt, and represents the major bulk of patients in our mental hospitals. Because of its chronicity and severity, schizophrenia is a major cause of disability, social dysfunction, un-employment, poverty and homelessness. World health report has listed it as the eighth leading causes of disability **(Okasha, 2005).**

Deficits in assertiveness skills are important components of social dysfunction in schizophrenia **(Seo et al., 2007)**. Studies revealed that patients with schizophrenia had enormous functional impairments across a wide range of assertiveness skills. They are lacking the ability to engage in effective social interactions, make request, express their opinions, refuse others' unreasonable demands, confirm and express their feelings, understand interpersonal boundaries and respond assertively to different situations **(Kopelowicz et al., 2006; & Ku et al., 2007).** Indeed, social dysfunction is a hallmark of schizophrenia impairment in interpersonal relations is included as a part of the defining diagnostic criteria for schizophrenia in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) **(American Psychiatric Association, (APA), 2013).**

Fail to learn appropriate social behaviors for second reason. First, children who otherwise seem normal but who later develop schizophrenia in adulthood seem to have subtle attention deficits in childhood. Theses deficits interfere with the development of an appropriate social relationships and the acquisition of social skills. Second, schizophrenia often strikes first in late adolescent or young adulthood, a critical period of mastery of adult's social but they have only a modest effect on the negative symptoms of schizophrenia. Social skills training help to improve negative symptoms when combined with medication treatment **(Bharathi et al., 2011).** It became clear that improvements in social functioning will not occur through gains in psychotic symptoms management alone. Instead, psychosocial interventions as social skills training that directly address the key determinant of poor social functioning and low self esteem are required to ameliorate this impairments **(Kern et al., 2009).**

In this regard, social skill training such as assertiveness training has been widely used as an effective mean of counteracting the social deficits of schizophrenic patients through training **(Pfmmatter et al., 2006)**. Clients with schizophrenia can improve their social competence with social skills training, which translate into more effective functioning in the community **(Videbeck, 2011).**

In this sense, schizophrenic patients with deficits in the social skills needed for everyday activities should be offered opportunities to participate in skills training in order to improve social interactions and other skills needed for independent living. The key elements in assertiveness training include behaviorally based instruction, role modeling, rehearsal, corrective feedback, and positive reinforcement. There is a substantial body of evidence that indicates that persons diagnosed with schizophrenia are capable of learning interpersonal and everyday living skills when provided with structured behavioral training that focuses on clearly defined activities, situations, and problems **(Shean, 2013).**

The assertiveness training helps patients with lack assertive social skills to recognize the rights of both parties, and is useful in a variety of situations, such as resolving conflicts, solving problems, and expressing feelings or thoughts that are difficult for some people with schizophrenia. It can help patients to deal with issues with coworkers, family, or friends. It is particularly helpful for who have difficulty refusing another's request, expressing emotions of anger or frustration, or dealing with persons of authority **(Videbeck, 2011).**

Aim of the Study:

The study was carried out to assess the effect of an assertiveness training program on assertiveness skills and self esteem of schizophrenic patients.

Research hypothesis:

The assertiveness training program will improve assertiveness skills and self esteem of schizophrenic patients.

Subjects and methods:

Research Design:

A quasi experimental design was used to achieve the aim of the study.

Setting:

This study was conducted at the Psychiatric Mental Health Hospital in Benha City, Kaluobia Governorate. The hospital provides care for patients diagnosed with acute and chronic mental illnesses who need institutional care.

Subjects

A convenience sample 60 male schizophrenic patients was included for the conduction of this study, divided into equally two groups, control group and study group. The study group only was received the assertiveness training program. Patients in both groups received their regular psychotropic medications. Both groups fulfilled the following exclusion criteria: Patients who had severe psychotic symptoms in terms of hallucinations, delusions, and incoherence or irrelevant answers, patients who had other organic or psychotic disorders such as substance abuse, and affective disorders. Patients who involuntary admitted. Duration of illness less than 5 years.

Tools of Data Collection:

Tool (1):- Structured Interview Questionnaire.

This tool was developed by the researcher based on pertinent literature and guidance of supervisors to elicit information about socio-demographic and clinical characteristics of patients such as

age, marital status, level of education, occupation, age at onset of illness, number of psychiatric hospitalization, and duration of illness….etc.

Tool (2):- Assertiveness Scale.

The assertiveness scale was originally developed by **Wolpe &Lazarus, (1966).** The scale was used to measure how people behave in different situations. It was translated into Arabic version and modified by **(Ghareeb, 1986).** This scale compromises 25 questions scoring "yes" (1) or "no" (0), and was tested for its validity and reliability. Some sentences are scored in the opposite direction. The total scores ranging from 0 to 25.

Higher score is an indicator of high degree of assertiveness; moderate score is an indicator of moderate degree of assertiveness, while lower score is an indicator of low degree of assertiveness.

Tool (3):- Self Esteem Scale.

This scale was originally developed by **Hudson, (1994)** to measure problems of personal self evaluations. It was translated into Arabic language by **El-Desouky, (2000).** The scale is composed of 25 items, which adopted and rated on a 3-point Likert Scale that ranges: 0 (never), 1(sometimes), and 2 (all the time). Some sentences are scored in the opposite direction Higher score is an indicator of low self esteem, moderate score is an indicator of moderate self esteem, while lower score is an indicator of high self esteem.

Methods

1-Preparatory Phase:

This included reviewing of relevant literature of different studies related to the topic of research using textbooks, articles, and magazines ect.., to get a clear pictures of all aspects related to the research topic to design the program.

- Administrative Approval:

An official approval was obtained from the director of Psychiatric Mental Health Hospital at Benha City, Kaluobia Governorate. Also an official approval was obtained from the Human Rights Protection Committee The purpose and the nature of the study were explained to the hospital staff to request their cooperation and permission to conduct the study.

Ethical Considerations:

The subjects who agreed to participate in the study were assured about confidentiality and anonymity of the study. The purpose of the study was explained to the patients They were informed about their right to withdraw from the study at any time.

Validity and Reliability:

Content validity of tools was done by a gory of 5 experts of psychiatric mental health nursing or medical psychiatric staff. Test re-test reliability was done, r =0.92 for assertiveness scale, while r =0. 90 for self esteem scale.

- Pilot Study:

Before starting data collection a pilot study was conducted on 10% of schizophrenic patients to assess the clarity and applicability of the study tools and identify the time needed to fill each tools. The necessary modifications were done as

revealed from the pilot study for self esteem scale which rated on a 3-point Likert Scale that ranges: 0 (never), 1(sometime), and 2 (all the time). The sample of the pilot study was excluded from the total sample.

III: Designing phase

This phase aims at planning for training program through setting educational objects, preparing the training program and designing the methodology and media.

Development of the Training Program:-

The assertiveness training program was developed by the researcher after a thorough review of the literatures **(Michel, 2008; Lim, et al., 2005; Bellack et al., 2004).** The training program aimed to improve assertiveness skills and self esteem of schizophrenic patients. This training program has a set of general objectives, and specific objectives for each session. The number of program sessions about 10 sessions. In each session, patients group learn one skill and take 2 sessions in each week. Each session takes about 60 minutes a day. Based on the results obtained from assessment tools and review of literature, the program content was developed by researcher in the form of booklet and then revised and approved by the supervisors, after that the final booklet is given for patients in the first session.

III-Implementation phase:-

1 - Data collection (Pre-test)

The data collection of this study was done on both control and study groups from 1/January-2014 to 30 /February-2014. The pre-test collected from each subject every two days/weeks; collect from 6 to 8 patients per weeks for about two months. The time needed for each patient to fulfill tools was approximately 20 minute.

2- Implementation of the program:

These steps focus on implementation of the assertiveness training program for the study group (30 patients with schizophrenia). This group was divided into 4 groups about 8 patients of each group. The sessions of assertiveness training program with the study group were carried out during the period (1/March-2014 to 30/June-2014). Each session lasted approximately 60 minutes, 2 days/week.

- The researcher in the beginning of each session reviews the homework assignment and thanks patients who make assignment. During that most patients who did not perform homework were asked to do homework, or asked each patient to answer questions that was present in homework.

- During the session the researcher used demonstration, modeling by the researcher and one patient to follow steps by role playing for practice skill. After that the researcher used role play exercises as a media for skill rehearsal and feedback by new patient and other patients to master skill which ensure that each patient to role playing skill. After finishing, researcher thanks the patients for participation and asked patients for any point that not understood.

- Make summary at the end of the session and told patients about time of next session. At the end of the session, homework assignment related to each session was given for generalization of skills to their daily situations.

IV. Evaluation phase (post test).

This phase aims to estimate the effect of assertiveness training program on assertiveness skills and self esteem of individuals with schizophrenia. After the conduction of the assertiveness training program sessions for study group, a post test was done for the study group, using the study tools, and as for the control group a post test was done after a period.

Statistical Design:

The collected data were organized, computerized, tabulated and analyzed by using the Statistical Package for Social Science (SPSS) version 20. Data analysis was accomplished by the use of number, percentage distribution, mean, standard deviation, and correlation coefficient, F-test was used to compare more than two independent means, Paired t-test was used to compare means within one group, and t-test was used to compare two independent means. A significant level value was considered when p- value =<0.05.

Results

I:- Socio-demographic and clinical characteristics of the studied sample.

Table (1):- The total sample mean age was 28.33 ±6.91 years with more than half (51.7 %) of the total sample (control and study groups) being in the age group ranging from 30 to less than 40 years**.** Near to two thirds (63.3%) of the total sample were single. It can be found that about more than one third of the total sample (36.7%) had basic learning. While, near to three thirds (68.3%) of the total sample were not work, and 58.3% living in rural area. Near to three quarters (70%) of the studied sample their income not enough. As regards to co-habitation, it can be observed that the majority of the total sample (85%) living with their families.

Table (2):- Nearly to one third of the total sample (30%) were age of onset of disease ranging from 15 to less than 20 year. More than half of the total sample (53.3%) was hospitalized from 4 to 6 times. Concerning to duration of illness, more than one third (36.7%) of the total sample had duration of illness ranging from 10 to less than 15 years.

II:- Assertiveness skills level among control group and study group pre and post program implementation.

Table (3):- shows that comparison between mean changes of assertiveness scale scores among control and study groups pre program implementation. There was no statistically significant difference between the total mean scores of assertiveness level of both control and study groups' pre program implementation.

Table (4):- presents comparison between mean changes of assertiveness skills scores of study group pre and post program implementation. It was found that, a highly statistically significant difference between the total mean scores of assertiveness level of the study group pre and post program**.**

III: - Self esteem level among control group and study group pre and post program implementation.

Table(5):- illustrates comparison between mean changes of self esteem scores among control and study groups pre program implementation .it can be observed that there were no statistically significant difference between total mean

changes of self esteem scores among control and study groups pre program implementation.

Table (6):- shows comparison between mean changes of self esteem scores among study group pre and post program implementation. It can be observed also from the present study that, there was a highly statistically significant difference between total mean scores of self esteem level of the study group pre and post program implementation.

IV: **Correlation between total assertiveness and self esteem scales of the studied sample post program implementation.**

Table (7):- presents correlation between total assertiveness and self esteem scales of the studied sample post program implementation. It can be observed that, there were a highly statistically significant negative correlation between total assertiveness and self esteem scales of the studied sample post program implementation. (But it mean positive correlation, because self esteem scale was negative, it well be good if scores low, and bad if scores high).

Table (1): Distribution of the studied sample according to their socio-demographic characteristics (N = 60).

Socio-demographic characteristics	Control group (N=30)		Study group (N=30)		Total (N=60)		X^2	P-value
	No	%	No	%	No	%		
Age (years)								
20 - < 30	6	20.0	2	6.7	8	13.3		
30 - < 40	13	43.3	18	60.0	31	51.7	3.86	0.27
40 - < 50	8	26.7	9	30.0	17	28.3		
≥ 50 years	3	10.0	1	3.3	4	6.7		
Mean ± SD	28.03 ± 7.89		28.63 ± 5.89		28.33 ±6.91		T=0.33	0.74
Marital status								
Single	21	70.0	17	56.7	38	63.3		
Married	3	10.0	10	33.3	13	21.7	5.19	0.07
Divorced	6	20.0	3	10.0	9	15		
Educational level								
Read and write	6	20.0	5	16.7	11	18.3	4.79	0.18
Basic learning	10	33.3	12	40.0	22	36.7		
Secondary	11	36.7	5	16.7	16	26.7		
University	3	10.0	8	26.6	11	18.3		
Occupation							3.78	0.15
Work officer	2	6.7	4	13.3	6	16		
Free work	4	13.3	9	30.0	13	21.7		
Not work	24	80.0	17	56.7	41	68.3		
Residence							0.27	0.60
Rural	19	63.3	16	53.3	35	58.3		
Urban	11	36.7	14	46.7	25	41.7		
Income							3.09	0.21
Not enough	22	73.3	20	66.7	42	70		
Enough	6	20.0	10	33.3	16	26.7		
Enough and save	2	6.7	0	0.0	2	3.3		
Co-habitation							1.02	0.60
Alone	4	13.3	2	6.7	6	10		
With family	25	83.4	26	86.6	51	85		
With relatives	1	3.3	2	6.7	3	5		

>0.05 No statistically significant.

Table (2): Distribution of the studied sample according to their clinical data (N = 60).

Clinical data	Control group (N=30)		Study group (N=30)		Total (N=60)		X^2	P-value
	No	%	No	%	No	%		
Age at onset of psychiatric illness (years)							6.03	0.11
15 - < 20	7	23.3	11	36.7	18	30		
20 - < 25	12	40.0	4	13.3	16	26		
25 - < 30	6	20.0	6	20.0	12	20		
≥ 30	5	16.7	9	30.0	14	23.3		
Mean ± SD	23.66 ± 5.28		24.90 ± 6.57		24.28 ± 5.94		T=0.80	0.42
Number of psychiatric hospitalization							1.83	0.40
1- 3 times	11	36.7	10	33.3	21	35		
4 - 6 times	14	46.6	18	60.0	32	53.3		
≥ 7 times	5	16.7	2	6.7	7	11.7		
Mean ± SD	3.90 ± 2.07		3.43 ± 1.99		3.66 ± 2.03		T=0.89	0.37
Duration of illness (years)							2.90	0.40
5 - < 10	13							
10 - < 15	8	43.3	8	26.7	21	35		
15 - < 20	7	26.7	14	46.6	22	36.7		
≥ 20	2	23.3	6	20.0	13	21.7		
		6.7	2	6.7	4	6.7		
Mean ± SD	11.90 ± 4.85		11.63 ± 4.52		11.76± 4.64		T=0.22	0.82

>0.05 No statistically significant

Table (3): Comparison between mean changes of assertiveness scale scores among control and study groups pre program implementation (n=60).

Assertiveness subscales	Control group pre program n=30	Study group pre program n=30	T- test	
	Mean ± SD	Mean ± SD	t	p-value
Expression of opinion and saying no.	4.36±1.84	4.16±2.05	0.39	> 0.05
Submission and avoidance.	2.56±1.52	2.93±1.38	-0.974	> 0.05
Initiation and expression of feeling.	3.76±1.79	3.30±1.96	0.96	> 0.05
Total assertiveness scale	**10.70±4.22**	**10.40±3.83**	**0.28**	**> 0.05**

>0.05 No statistically significant.

Table (4) Comparison between mean changes of assertiveness skills scores of study group pre and post program implementation (n=60).

Assertiveness subscales	Study group pre program n=30	Study group post program n=30	Paired Differences	Paired sample test	
	Mean ± SD	Mean ± SD	Mean ± SD	t	p-value
Expression of opinion and saying no.	4.16±2.05	8.33 ±0.80	-4.16± 2.36	9.65	<0.001**
Submission and avoidance.	2.93±1.38	6.36±1.03	-3.43± 1.96	9.59	<0.001**
Initiation and expression of feeling.	3.30±1.96	6.46 ±0.86	-3.16± 2.18	7.94	<0.001**
Total assertiveness scale	**10.40±3.83**	**21.16±1.80**	**-10.76±4.74**	**-12.42**	**<0.001****

<0.001** a highly statistically significant.

Table (5) Comparison between mean changes of self esteem scores among control and study groups pre program implementation (n=30).

Scale	Control group pre program n=30	Study group pre program n=30	T-Test	
	Mean ± SD	Mean ± SD	t	p-value
Self esteem Scale	33.00 ±10.54	36.96 ± 5.23	-1.84	> 0.05

>0.05 No statistically significant.

Table (6) Comparison between mean changes of self esteem scores among study group pre and post program implementation (n=30).

Scale	Study group pre program n=30	Study group post program n=30	Paired t- test	
	Mean ± SD	Mean ± SD	t	p-value
Self esteem Scale	36.96±5.23	19.86± 5.28	22.51	< 0.001**

<0.001** a highly statistically significant

Table (7): Correlation between total assertiveness and self esteem scales of the studied sample post program implementation (N=60).

Scales	Self esteem scale	
	r	p
Assertiveness scale	-0.85	< 0.001**

Discussion

Patients with schizophrenia had enormous functional impairments across a wide range of assertiveness skills. In addition, schizophrenia patients may experience alterations in self concept and thus face difficulties in dealing with self esteem ***(Bentall et al., 2008)***. Assertiveness training is a life skill that causes an increase in self esteem, rational stating of thoughts and feelings, anxiety reduction, improvement in social and relational skills, respecting other's right and increasing the rate of satisfaction from life and happiness ***(Hashemi, 2007)***.

Assertiveness training is best appropriate for the patients who are experiencing psychosocial problems and lowering self esteem such as schizophrenia that is at least partly caused or exacerbated by interpersonal difficulties, such as a trouble initiating new relationships, lack of close friends, strained relationships with coworkers, marital distress, frequent quarrels, difficulties in reaction to critique, to say no, and to express own wishes or feelings ***(Granholm et al., 2007; & Kurtz & Mueser, 2008).***

The result of the present study shows that there was no statistically significant difference between control group and study group pre program implementation in relation to the mean changes of assertiveness skills scores. This findings consistent with previous literature by ***Galderisi et al., (2010)*** who illustrated that, schizophrenic patients have particular difficulty in the social skills of interpersonal relations, assertiveness, expression of thoughts and feeling. Furthermore, Seo et al., (2007) who stated that deficits in assertiveness skills are important components of social dysfunction in schizophrenia. These findings agreement with previous literature indicated that up to two thirds of schizophrenic patients are markedly and persistently deficient in skills such as assertiveness ***(Pallanti et al., 2004).***

As regarding to comparison between mean changes of assertiveness skills scores of the study group pre and post program implementation. It was found that, a highly statistically significant improvement of assertiveness skills scores of study group pre and post program implementation. This could be due to positive effect of assertiveness training for improving assertiveness skills of the study group. This result demonstrates that in spite of their serious deficits, persons with schizophrenia are capable of learning a wide range of assertive social skills.

Other possible reasons for improvement in assertiveness skills, as part of the assertiveness training, participants were instructed to behave assertively in role-playing situations. During the role playing and practice in the training, participants were encouraged to praise each other using positive verbal affirmations,

which encouraged assertive performance. This helped each participant acquire a positive self perception and explore effective techniques for self-expression. This may partially explain the highly significant improvement in assertiveness measured among schizophrenic patients after participation of assertiveness training program.

This result is congruent with ***Lee et al., (2013)*** who found that among patients with chronic schizophrenia, assertiveness level significantly improved immediately after assertiveness training intervention in the intervention group. In the same line, this result is in agreement also with a study carried out by ***Seo et al., (2007)*** about social skill training as nursing intervention to improve the social skills and self esteem of patients with chronic schizophrenia. His training program has been of two parts; conversational skills and assertiveness skills. The conversational skill, interpersonal relationship, assertiveness and self esteem of experimental group have shown significant improvement.

Comparing between mean changes of self esteem scores among control and study groups pre program implementation, the present study reveals that there were no statistically significant difference between mean changes of self esteem scores. This mean that both control and study groups were matched, or this may be that patient's having severe psychiatric illness such as schizophrenia, increased one's dependence to others, which has the potential to harm patient's their self esteem.

This result is congruent with ***Gureje et al., (2004)*** who declared in their results that about near to half of the patients with schizophrenia has low self esteem. In the same line, ***Videbeck, (2011)*** who stated that low self esteem is one of the negative signs of schizophrenia, further complicates the patient's ability to interact with others and the environment, lack of confidence, feel strange or different from other people. Furthermore, low self-esteem may be due to the negative attitude toward self as a result of negative attitude of the society toward the stigma of their schizophrenia disease.

Comparing between mean changes of self esteem scores of the study group pre and post program implementation, the present study shows that there were a highly statistically significant improvement between pre and post program implementation of the study group. This means that there is a positive effect of assertiveness training program on self esteem level of schizophrenic patients who participated in the program. This result is consistent with **Pan & Dai, 2008; & Seo et al., (2007)** who found that enhanced self esteem of the experimental group after participating in the program. In this respect, this result is in agreement with ***Hashemi, (2007)*** who stated that assertiveness training is a life skill that causes an increase in self esteem, rational stating of thoughts and feelings, anxiety reduction, improvement in social and relational skills, respecting other's rights and increasing the rate of satisfaction in life and happiness.

In the same line ***Kahani & Bayat, (2010)*** who stated that assertiveness training is an effective and useful way for less assertive and shy people to state their positive or negative emotions easily and express themselves and get the required self esteem. on the other hand, this finding is not consistent with the previous study by ***Killaspy et al., (2006)*** who found that the outcomes of his study have not shown that

assertiveness training increases patient's self esteem in acute psychiatric setting.

The present study result shows that, a highly statistically significant negative correlation between self esteem and assertiveness level of the studied sample post program implementation but it mean positive correlation, because self esteem scale was negative, it well be good if scores low, and bad if scores high. The results of the present study proved that the patients with more assertiveness skills have high level of self esteem. This result corresponded to the previous results by ***Ibrahim, 2010; & Kirst, (2011)*** who found high level of assertiveness correlated positively and significantly with a high level of self esteem, as when person being assertive can help to boost their level of self esteem.

This result is consistent with ***Marcon, (2010)*** who stated that positive self esteem is a vital prerequisite to become assertive and to getting other people to respect one's rights. Similarly, ***Shimizu et al., (2004)*** pointed out that there were a two way relationship between assertiveness and self esteem. It seems that assertiveness causes an increase in self-confidence, interpersonal relations, and internal control.

It can be said that, the assertiveness training program in the current study has made a positive contribution in developing assertiveness skills and enhancing self esteem of chronic schizophrenic patients. Results of the study contributed to the facts that assertive behavior can be learnt and self-esteem can be enhanced through assertiveness training ***(Abdel Aleem, 2007).*** The results of this study were consistent with the study hypothesis that the assertiveness training program will improve assertiveness skills and self esteem of schizophrenic patients.

Conclusion

The findings of the present study indicate that the assertiveness training program had positive effect on assertiveness skills and self esteem of the schizophrenic patients after receiving assertiveness training program. There was a highly statistically significant negative correlation between total assertiveness and self esteem level scales of the studied sample (control and study groups) post program implementation. These conclusion lead to the acceptance of the study hypothesis that the assertiveness training program has improved assertiveness skills and self esteem of schizophrenic patients.

Based on the previous findings of the present study, the following recommendations are suggested.

- Generalized of assertiveness training program for all psychotic patients in hospital to improve their social competence and self esteem.
- Continuous follow-up for schizophrenic patients participating in assertiveness training program to support and boost their learning skills.
- Assertiveness training program can be used as an intervention in conjunction with pharmacological therapy without contraindications and it can maximize the effect in patients with chronic schizophrenia.
- Assertiveness training program for psychiatric nurses to enhance patients' assertiveness skills and patients self esteem.

- The finding of this study can provide a reference guide for clinical nurses, whose awareness of assertiveness training protocols would enhance their professional skills.

- Further studies using a larger probability sample and female patients for generalization of the results.

Limitations of the Study

- Take patients who were voluntary admitted only in these studies which limit sample size.

- The sample of the current study did not include female patients because the number of females in hospital is small and there were not met the study criteria, there by limited statistical power of tests in case of females.

- Because we assessed effect of the program immediately after the training, we do not know whether, after the training, our subjects showed any improvement in assertiveness skills in real-life situations. We also do not know the long-term effects of assertiveness training program.

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